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PTO/SB/05 rev 1 (12-87)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

617476

07/17/00

Please type a plus sign (+) inside this box → +

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	ANC07
First Inventor or Application Identifier	Sweetser, Christine B
Title	Client Driven Healthcare System and Process
Express Mail Label No.	EL596497849US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)
- Specification [Total Pages 3.1]
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
- Oath or Declaration [Total Pages 2]
 - Newly executed (original or copy)
 - Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]
 - DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
- Incorporation By Reference (useable if Box 4b is checked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment.

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group / Art Unit _____

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below

Name	Cort Flint, P.A.				
Address	P.O. Box 10827				
City	Greenville	State	SC	Zip Code	29603
Country	USA	Telephone	864-232-4261	Fax	864-232-4437

Name (Print/Type)	Cort Flint	Registration No. (Attorney/Agent)	27,260
Signature	Cort Flint		Date 7-17-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Sweetser, Christine B.	
Serial No.	Examiner:
Filed:	Group Art Unit:
For: CLIENT DRIVEN HEALTHCARE SYSTEM AND PROCESS	Docket No. ANC07

Assistant Commissioner for Patents
Washington, DC 20231

Dear Sir:

Transmittal Letter

Please find the following correspondence items enclosed for filing in the United States Patent and Trademark Office:

1. Utility Patent Application Transmittal, including:
31 pages of Specification, and
5 sheets of Drawings.
2. Fee Transmittal with attached cheque for \$444.00.
3. Declaration For Patent Application and Power of Attorney.
4. Declaration Claiming Small Entity Status-Independent Inventor.
5. Information Disclosure Statement with attached Form PTO-1449.
6. Return receipt postcard.

Very truly yours,



Cort Flint
Registration No. 27,260
P.O. Box 10827
Greenville, S.C. 29603-0827
Telephone: (864) 232-4261
Attorney for the Applicant

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee," mailing label EL596497849US with sufficient postage affixed thereto, in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on the date indicated below.

By: Anne Mayle Myers
Date: July 17, 2000

Applicant: Christine B. Sweetser

Attorney's Docket: ANC07

For: CLIENT DRIVEN HEALTHCARE SYSTEM AND PROCESS

**DECLARATION CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(b) - INDEPENDENT INVENTOR)**

As the below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under sections 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled *CLIENT DRIVEN HEALTHCARE SYSTEM AND PROCESS* described in the specification filed herewith. I have not assigned, granted, conveyed or licensed, and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(c) or a nonprofit organization under 37 CFR 1.9(e). Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such person, concern or organization
 persons, concerns or organizations listed below.

Full Name:

Address:

INDIVIDUAL
 SMALL BUSINESS CONCERN
 NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fees due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

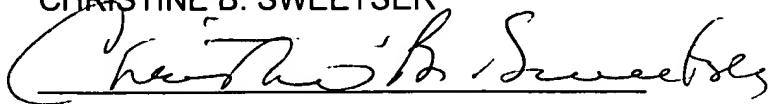
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both,

under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

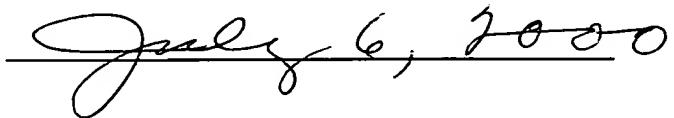
NAME OF INVENTOR:

CHRISTINE B. SWEETSER

Signature of Inventor:



Date:



J:\CLIENTS\Anc\Anc07\ANC07.SE1.wpd
May 18, 2000

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 444

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Sweetser, Christine B.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	ANC07

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account: 500610
Number
Deposit Account Name:

Charge Any Additional: Charge the Issue Fee Set in
Fee Required Under: 37 C.F.R. § 1.18 at the Mailing
37 C.F.R. §§ 1.16 and 1.17 of the Notice of Allowance.

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (S)	Fee Code (S)	Fee Description	Fee Paid
101	790	201 395 Utility filing fee	345
108	330	206 185 Design filing fee	
107	540	207 270 Plant filing fee	
108	790	208 395 Reissue filing fee	
114	150	214 75 Provisional filing fee	
SUBTOTAL (1)		(\$)	345

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
31 - 20**	11	X 9	99
Independent Claims	3 - 3**	X 0	0
Multiple Dependent			

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (S)	Fee Code (S)	Fee Description	
103	22	203 11 Claims in excess of 20	
102	82	202 41 Independent claims in excess of 3	
104	270	204 135 Multiple dependent claim, if not paid	
109	82	209 41 ** Reissue independent claims over original patent	
110	22	210 11 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	99

3. ADDITIONAL FEES

Fee Code (S)	Fee Code (S)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or cash	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	960	217 475 Extension for reply within third month	
118	1,510	218 755 Extension for reply within fourth month	
128	2,060	228 1,030 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,320	241 660 Petition to revive - unintentional	
142	1,320	242 660 Utility issue fee (or reissue)	
143	450	243 225 Design issue fee	
144	670	244 335 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
129	240	128 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	790	246 395 Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249 395 For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

Complete if applicable

Typed or Printed Name	Cont Flint	Reg. Number	27,260
Signature	<i>Cont Flint</i>	Date	7/17/00
Deposit Account User ID			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JULY 17, 2000
U.S. PTO